



ACE EXTERNAL CUSTOMER DRIVEN GOALS

- Exceed customer expectations
- Treat customers and their families with respect
- Make the application process easy for customers and family
- Improve the timeliness of applications



ACE EMPLOYEE DRIVEN GOALS

- Remove unnecessary barriers from the determination of eligibility
- Improve the efficiency of the application process
- Increase assistance to customers (obtain verification, make referrals)
- Increase communication between central and field offices.



ISD DRIVEN GOALS

- Support the goals for customers and employees
- Design a system that is simple and easy to use
- Increase staff awareness of automated functions and tools
- Integrate automation with the application process
- Integrate the system with policy, help and forms
- Develop automated tools to assist employees
- Improve communication between IT and System Users
- Keep the automated eligibility determination flexible

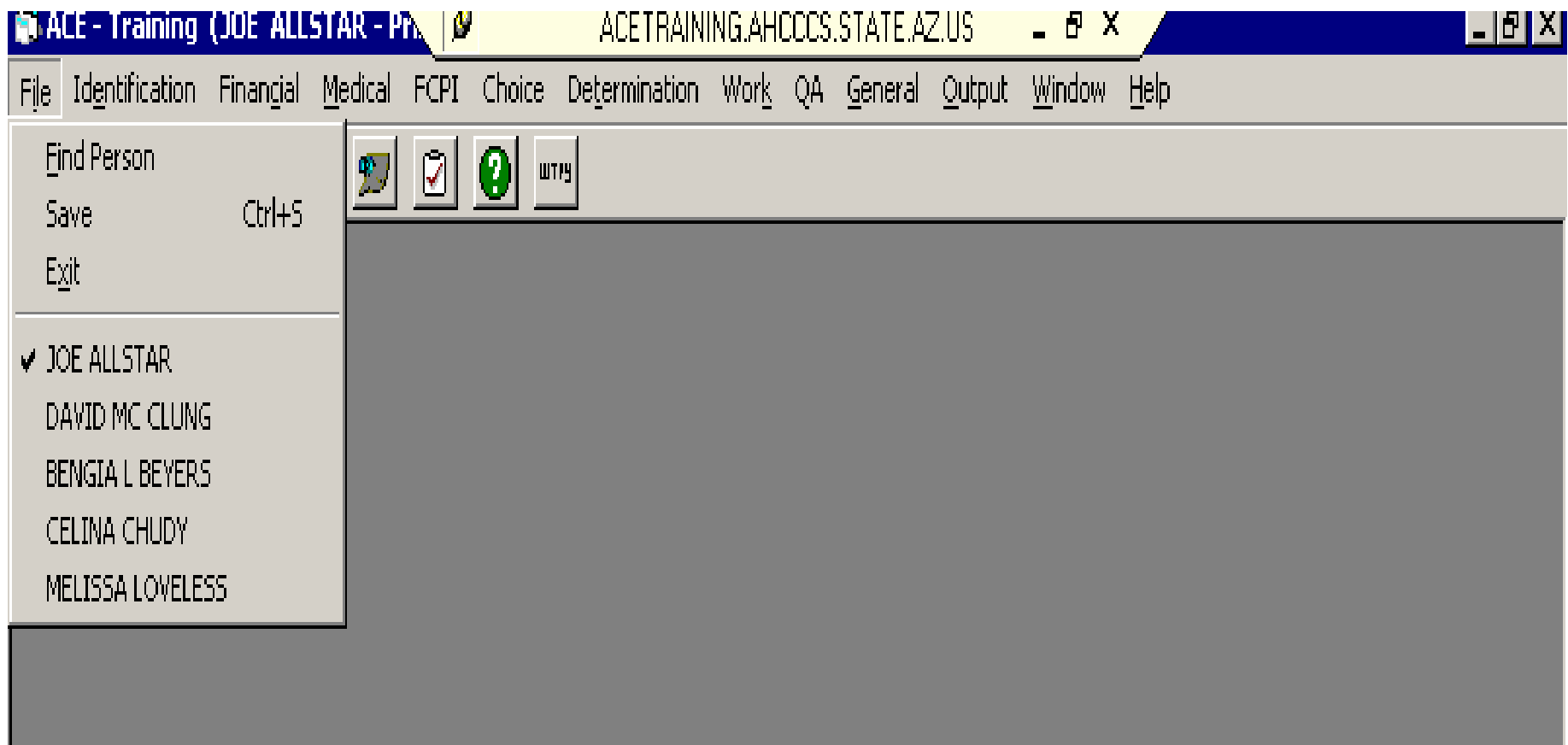


MAJOR TECHNICAL DESIGN OBJECTIVES

- Flexibility to allow the system to accommodate changes to existing programs as well as new programs
- Follow Microsoft standards whenever possible to allow ACE to look and feel like Word, Excel, etc.
- Use industry-standard development and database products



FILE DROP DOWN LIST

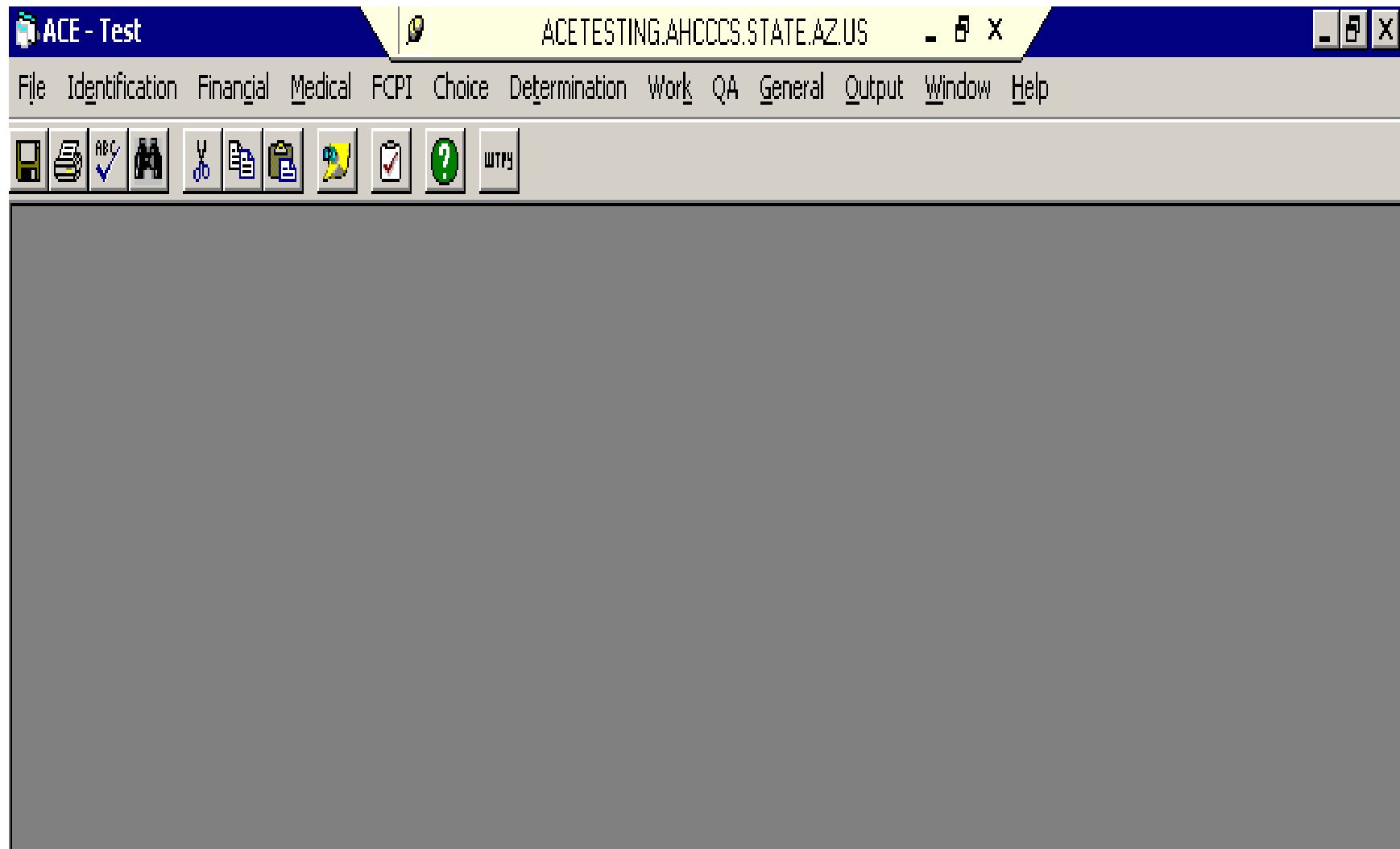


MENUS

- All system functions can be selected from a menu
- Menus are separated by function (e.g., Financial, Medical, etc.) in order to reduce the number of items in each menu and facilitate selection
- Can be accessed at any time during any system task
- Frequently used menu items are represented by icons



MENUS - ICONS





NAME AND ID IN WINDOW TITLE BAR

- Provides consistent identification of current person and group

A screenshot of a software application window titled "ACE - Training (JOE ALLSTAR - Primary Informant - 100070362 - G10012743)". The window has a menu bar with "File", "Identification", "Financial", "Medical", "FCPI", "Choice", "Determination", "Work", "QA", "General", "Output", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main content area displays a "Personal Data" form for "JOE ALLSTAR - PRIMARY INFORMANT - 100070362, 7/1/2006". The form has several tabs: "Living Arrangement", "Eligibility", "Demographic", "Citizenship/Residency", "Student Status", and "Address". The "Demographic" tab is currently selected. Within this tab, there is a "Group list" dropdown menu showing "JOE ALLSTAR" and a date dropdown showing "Jul 2006". Below these are fields for "Name" (Last: ALLSTAR, First: JOE, Middle initial:) and "Other Name" (Last: , First: , Middle initial:). Each name section has a "Name Change" checkbox with "Yes" and "No" options. The "Name Change" checkbox for the main name is checked.



TABS

- Provides visual cue of available functions
- Groups related functions in easy-to-access folders

The screenshot displays a remote desktop window titled "ACEN - ACETRAINING.AHCCCS.STATE.AZ.US - Remote Desktop". The application window is titled "ACE - Training (JOE ALLSTAR - Primary Informant - 100070362 - G10012743)". The menu bar includes: File, Identification, Financial, Medical, FCPI, Choice, Determination, Work, QA, General, Output, Window, and Help. The toolbar contains icons for file operations, a help icon, and a keyboard shortcut icon (WTFY).

The main form is titled "Personal Data (JOE ALLSTAR - PRIMARY INFORMANT - 100070362, 7/1/2006)". It features several tabs: Living Arrangement, Eligibility, Demographic, Citizenship/Residency, Student Status, and Address. The "Demographic" tab is active.

Under the "Demographic" tab, the "Group list" is set to "JOE ALLSTAR" and the date is "Jul 2006". The form includes fields for Name (Last, First, Middle initial) and Other Name (Last, First, Middle initial). The "Name Change" section has radio buttons for "Yes" and "No", with "No" selected for both the main name and other name sections.



STRUCTURED PATH VS AD HOC PATH

- Allow the user to follow an established path through the system by using the “Back” and “Forward” buttons
- Allow the user to jump around the system by using the menus or icons to select functions
- Allow simultaneous “pathing” and “jumping



PERSON-BASED VS CASE BASED

- Every person entered into the system, regardless of the role that he/she plays, is assigned a unique number
- Once a person is known to the system, all information will be available when person is “reused”
- All data related to a person is stored only once, and can be shared between functions, applications, programs, etc.



FIND PERSON

- A common “Find” button allows the user to find and select a person’s record consistently throughout the system

The screenshot displays the 'ACE - Test' application window with the title bar 'ACETESTING.AHCCCS.STATE.AZ.US'. The main menu includes File, Identification, Financial, Medical, FCPI, Choice, Determination, Work, QA, General, Output, Window, and Help. The 'Find Person' window is open, showing search criteria: Person ID, SSN, Group ID, Last name, First name (darbie), Date of birth, and AHCCCS ID. A 'Search' button is present. Below the search fields is a table with columns ID, L, and CS ID. The first row shows ID 100161338 and L. A 'Group Search' window is also open, displaying the name 'DARBIE LASTRA' and a table of roles and statuses.

Has Role of	Status	In Program	For Applicant	Group
AUTHORIZED REP	ACTIVE	ALTCS	NICK GENES	G101f
AUTHORIZED REP	ACTIVE	CSRA	NICK GENES	G101f
AUTHORIZED REP	ACTIVE	MCS	NICK GENES	G101f
AUTHORIZED REP	ACTIVE	ALTCS	DON LANPHEAR	G101f
AUTHORIZED REP	ACTIVE	MCS	DON LANPHEAR	G101f

Number of Groups: 82

Number of Matches: 1

Buttons: Show Group, Select This Group, Cancel, Select Person, Cancel

Bottom status bar: DMODEL, 7/24/2006, 3:08 PM, SACETST01



GROUPS/RELATIONSHIPS

- All “persons” who are associated with a case will be grouped together and the required relationships between them identified
- Group is rule based and is flexible to accommodate various programs



GROUPS / RELATIONSHIPS - BUDGET UNIT

Group (CHEERY ALLSTAR - APPLICANT - 100070369, 7/1/2006)

Group Assignment Relationship

Group list: CHEERY ALLSTAR

Control date: Jul 2006

Relationships:

SPOUSE OF
CHILD OF
PARENT OF
SIBLING OF
PARENT OF ADULT
STEP-PARENT OF
FOSTER-PARENT OF
GRANDPARENT OF
UNCLE OF
AUNT OF

Group members:

	Age:	Household:
JOE ALLSTAR	56 Yr.	✓
SWEETHEART ALLSTAR	45 Yr.	✓
SWEETIE PIE ALLSTAR	15 Yr.	✓
COOLNESS LOSER	15 Yr.	✓

Household

Add

Remove

Group relationships:

JOE ALLSTAR	SPOUSE OF	SWEETHEART ALLSTAR
JOE ALLSTAR	PARENT OF	SWEETIE PIE ALLSTAR
SWEETHEART ALLSTAR	PARENT OF	SWEETIE PIE ALLSTAR
SWEETIE PIE ALLSTAR	PARENT OF	CHEERY ALLSTAR
COOLNESS LOSER	PARENT OF	CHEERY ALLSTAR

Eligibility (CHEERY ALLSTAR - APPLICANT - 100069639, 6/1/2006)

Override

Test History

Budget Unit

Run Tests

Worksheets

Control Date: Jun 2006

Budget Units

Program	Owner	Type	Seq
KIDSCARE	GROUP	INCOME	1

Budget Unit Members

Name

JOE ALLSTAR
SWEETHEART ALLSTAR
CHEERY ALLSTAR
SWEETIE PIE ALLSTAR
COOLNESS LOSER

(Re-) Generate Budget Units

Total: 5

Back

Find

OK

Cancel

Forward

Back

Find

OK

Cancel

Forward



GROUP LIST

- Group List feature is available throughout the system
- Group List allows for quick access to members of a group for data capture as well as inquiry

The screenshot shows a software window titled "Income (CHEERY ALLSTAR - APPLICANT - 100069639, 6/1/2006)". The window has four tabs: "Earned", "Unearned", "Potential Benefits", and "Summary". The "Summary" tab is currently selected. In the "Summary" tab, there is a "Group list:" label followed by a dropdown menu. The dropdown menu is open, showing a list of group names: "CHEERY ALLSTAR", "SWEETIE PIE ALLSTAR", "COOLNESS LOSER", "SWEETHEART ALLSTAR", "JOE ALLSTAR", and "ALL MEMBERS". To the left of the dropdown menu, there is a table with two columns: "Type of Income" and "Reported Amount". The table has three rows: "NO EARN", "NO UNEA", and "ALL MEMBERS". To the right of the dropdown menu, there is a date selector showing "Jun 2006" and a "Detail" button.

Type of Income	Reported Amount
NO EARN	
NO UNEA	
ALL MEMBERS	

NO CODES

- There are no codes to memorize – no screen number, no codes representing values
- Actual values are used in drop downs to allow user to select



INCOMPLETE OR UNVERIFIED DATA

- ACE will allow the user to enter incomplete data as it becomes known. This is necessary for entering data as the applicant is interviewed
- Editing is done in a central area. Edits can be ran at any time to identify missing data. Final editing is done as the case is being dispositioned
- We encourage frequent update of data in the system, prior to disposition. This allows for ease for identifying the status of the case



INCOMPLETE OR UNVERIFIED DATA

Case Status Summary (LUCILLE CONSTANT - APPLICANT - 100234244)

Program: Current control date only: ☒ From: Through:

+

Case Status

+- Request for Information

Control Dt	Category	Description	Verify Dt	R
CONSTANT, LUCILLE				
6/1/2006	Edit	Living Arrangement Begin Date is required		
6/1/2006	Verification	CHECKING ACCOUNT RESOURCE		
6/1/2006	Verification	CITIZENSHIP		
6/1/2006	Verification	FISCAL COUNTY		
6/1/2006	Verification	INCOME FROM CHECKING ACCOUNT		
6/1/2006	Verification	LIVING ARRANGEMENT LOCATION		
6/1/2006	Verification	MARITAL STATUS	4/5/2006	
6/1/2006	Verification	MEDICARE	5/3/2006	
6/1/2006	Verification	PENSION-OTHER		
6/1/2006	Verification	RESIDENT	6/14/2006	
6/1/2006	Verification	SOCIAL SECURITY		
	Verification	AGE	4/5/2006	
	Verification	SSN	4/5/2006	

Unresolved

Find

OK

Detail

Override

Refresh List

Edit Case

Latest edit:
7/24/2006

Application

Rpts & Forms

Add to RFI



WORK MANAGEMENT

- Allows workers, supervisors, and managers access to real time stats
- Allows centralized access to all work for all workers
- Ability to move work from one office/unit/worker to another
- Standard launch point to perform work functions



WORK MANAGEMENT MANAGEMENT VIEW

Work Management - View Task Counts

- [-] AHCCCS
 - [+] CENTRAL
 - [+] REGION 1
 - [+] REGION 2
 - [+] REGION 3
 - [+] REGION 4
 - [+] REGION 5**
 - [+] CASA GRANDE
 - [+] GLOBE
 - [+] SHOW LOW
 - [+] REGION 8
 - [+] REGION 9

Category	Region	Office	Unit	Worker	Total	1-30	31+
UNASSIGNED CAS	0	2	0	5	7	0	0
PAS REQUESTS	2	9	3	156	170	18	4
CLOSED PAS	2	6638	1	0	6641	0	0
PENDING APPLIC#	0	2	2	406	410	34	21
PENDING CHANGE	0	1	0	28	29	0	0
PENDING MASS CI	0	0	0	15	15	0	0
OPEN PAS	0	1	0	46	47	13	5
APPOINTMENTS	0	0	0	146	146	0	0
ALERTS	1	7	8	280	296	0	0
RENEWALS	0	1	3	506	510	11	19
1ST CS RENEWAL	0	1	0	26	27	4	16
PAS REASSESSME	0	11	0	21	32	0	0
ACTIVE CASES	0	2	3	2887	2892	0	0

Worker Tasks

OK



WORK MANAGEMENT WORKER TASKS

Work Management - Worker Task List

Worker... **NORRISH, STEPHENIE** From: ☒ 08/14/2005 Through: ☒ 08/14/2007

☒ NORRISH, STEPHENIE (65)
 ... INACTIVE CASES (5)
 ... PENDING APPLICATIONS
 ... PENDING CHANGES (2)
 ... OPEN PAS (2)
 ... ALERTS (6)
 ... RENEWALS (1)
 ACTIVE CASES (34)
 ... AHCCCS

Person ID	Applicant Name	Due Date	Program
ACTIVE CASES			
100197322	COLTER, EVA		ALTCS, MCS
100199551	PATRICK, PAUL		MCS
100199607	WILLIAMS, DORIS		MCS
100205241	GALLAGHER, ANNE		ALTCS
100210980	MIRELES, JAVIER		MCS
100215317	CREWS, RUSSELL		ALTCS
100223757	GARCIA, MARIO		ALTCS
100224269	GANDARA, ARMANDO		ALTCS, PRIVATE REQU...
100234108	FLAMM, MEDA		ALTCS
100234287	RUTAN, TERRY		ALTCS, MCS
100234957	RUDE, MAXINE		ALTCS
900019451	CASTRO, ADELA G		MCS, SSI/MAO
900001141	REED, RANDIE		ALTCS
100246468	CASTILLO, ELOINA		MCS
100246469	CASTILLO, JESUS		MCS
100252547	GWINN, MARK		
100261687	SOLIS, ELVA		MCS
100278078	SUMPTER, SILVIA		MCS
100278079	SUMPTER, RALPH		MCS

Read Unread Urgent Transfer Laptop

Refresh Activities OK



ABOUT THIS PERSON

- Provides summarized status of a case
- Includes program, health plan and location of case

About This Person

Demographics

Name: Person ID: SSN:
Role: AHCCCS ID: Date of birth:
Age: Group Number:

Assigned To

ES: Office: Unit: Phone:
PAS assessor: Office: Unit: Phone:
Case manager: Phone: Health Plan:

Eligibility/Enrollment

Special status: Level of care: Reassessment date:
Renewal date:

Program Type	Control Date Status	Application Status	Current Application Date	Eligibility Effective Date
KIDSCARE	CLOSED INITIAL	DENIED	8/4/2006	8/4/2006

Find OK



COMMENTS FACILITY

- Allows comments to be made and reviewed from anywhere in the system
- Includes spell checking using a standard interface



COMMENTS

ACE - Test ACETESTING.AHCCCS.STATE.AZ.US

File Identification Financial Medical FCPI Choice Determination Work QA General Output Window Help

Comments (DONNA C SUNDUST - APPLICANT - 900051335)

Group list: All Group Members Window list: All Windows Worker list: All Workers Comment dates: All Dates

9/23/2004 12:46:26 PM Worker: MARIA BAXTER Window: frmWorkMgmtApplicantTasks Person: DONNA C SUNDUST
REC'D ACTIVE FINANCIAL CASE FILE FROM GLENDALE IN PHOENIX, SOUTH OFFICE DUE TO REP'S ZIP CODE 85339

9/21/2004 1:11:29 PM Worker: SANDRA NUNEZ Window: frmAboutThisPerson Person: DONNA C SUNDUST
PER CHERYL CRANE TRANSFERRED FINANCIAL FILE TO PHX SO OFFICE ZIP CODE 85339

9/15/2004 11:29:26 AM Worker: CHERYL CRANE Window: frmComments Person: DONNA C SUNDUST
Case was reassigned to PAS assessor as the Eligibility Worker instead of the PAS. PAS is completed. Case will be transferred to Phx So.

8/3/2004 1:22:26 PM Worker: CHERYL CRANE Window: frmWorkMgmtTasks Person: DONNA C SUNDUST
Received RFI and information packet back from post office. No mail receptacle for customer. Post office cannot deliver.

7/12/2004 10:13:28 AM Worker: CHERYL CRANE Window: frmWorkMgmtTasks Person: DONNA C SUNDUST

Print OK Cancel

DMODELL 7/24/2006 3:27 PM SACETST01

ACE - Test ACETESTING.AHCCCS.STATE.AZ.US

File Identification Financial Medical FCPI Choice Determination Work QA General Output Window Help

Verification Detail

Description: MARITAL STATUS
Qualifier:
Value: NEVER MARRIED Verified: Yes

Verification
Date: 06/23/2004 ☒ Collateral ☐ Document
Client Statement: ☐ Visual ☐ Declaration

Form
☐ Include Form on RFI Due: Resolved:
Print Form

Request For Information
☐ Include Verification on RFI Due: Resolved:
Instructions: ☒ English ☐ Spanish
A copy of the marriage certificate, church records, or court documents for DONNA C. SUNDUST

Comments

OK Cancel

MODEL 7/24/2006 3:27 PM SACETST01



AUDITING

- Record-level auditing is available in all ACE screens
- Field-level auditing is available for only critical fields



AUDITING

Personal Data (SUZIE STUDENT - APPLICANT - 100070632, 8/1/2006)

Living Arrangement Eligibility

Demographic Citizenship/Residency Student Status Address

Group list: SUZIE STUDENT Aug 2006

Name
Last: STUDENT First: SUZIE Middle initial: Name Change: ☐ Yes ☒ No

Oth
Las
Middle initial: Name Change: ☐ Yes ☒ No

Marit:
Created by: DMSTRN12
Creation date: 8/4/2006 8:23:37 AM
Updated by: DMSTRN12
Update date: 8/4/2006 9:35:25 AM

Pre:
OK

is applicant pregnant: ☐ Yes ☒ No

How many children are expected: Verified: ☒ Yes ☐ No

Expected due date: Verified: ☒ Yes ☐ No

Willing to pay premium: ☒ Yes ☐ No ☐ Unknown Verified: ☒ Yes ☐ No

Critical Audit List



From: 08/14/2005 Thru: 08/14/2007

- Critical Audit List
- STUDENT, DADE
- STUDENT, SUZIE

Field Name	Old Value	New Value	Change Date	Change Time	Worker Name
STUDENT, DADE DEMOGRAPHICS					
MARITAL STATUS		NEVER MARRIED	06/06/2006	1:52 PM	DMSTRN42,
SSN		764345167	06/06/2006	2:22 PM	DMSTRN42,
	764345167	764178154	06/06/2006	2:30 PM	DMSTRN42,
STUDENT, SUZIE CITIZENSHIP/RESIDENCY					
FOLLOW UP DATE		06/16/2006	06/06/2006	4:01 PM	DMSTRN42,
INS CARD NUMBER		A15154546	06/06/2006	4:01 PM	DMSTRN42,
INS STATUS		LAWFUL	06/06/2006	4:01 PM	DMSTRN42,
INS STATUS DATE		06/06/2006	06/06/2006	4:01 PM	DMSTRN42,
PRIOR INS STATUS		NONE OF THE	06/06/2006	4:01 PM	DMSTRN42,
RESIDED SINCE		06/06/1996	06/06/2006	4:01 PM	DMSTRN42,
SAVE REFERRAL DATE		06/06/2006	06/06/2006	4:01 PM	DMSTRN42,
SECONDARY SAVE DATE		06/06/2006	06/06/2006	4:01 PM	DMSTRN42,
U.S. CITIZEN		Y	06/06/2006	3:48 PM	DMSTRN42,
DEMOGRAPHICS					
MARITAL STATUS		NEVER MARRIED	06/06/2006	1:46 PM	DMSTRN42,

Back

Find

OK

Cancel

Forward

Find

OK

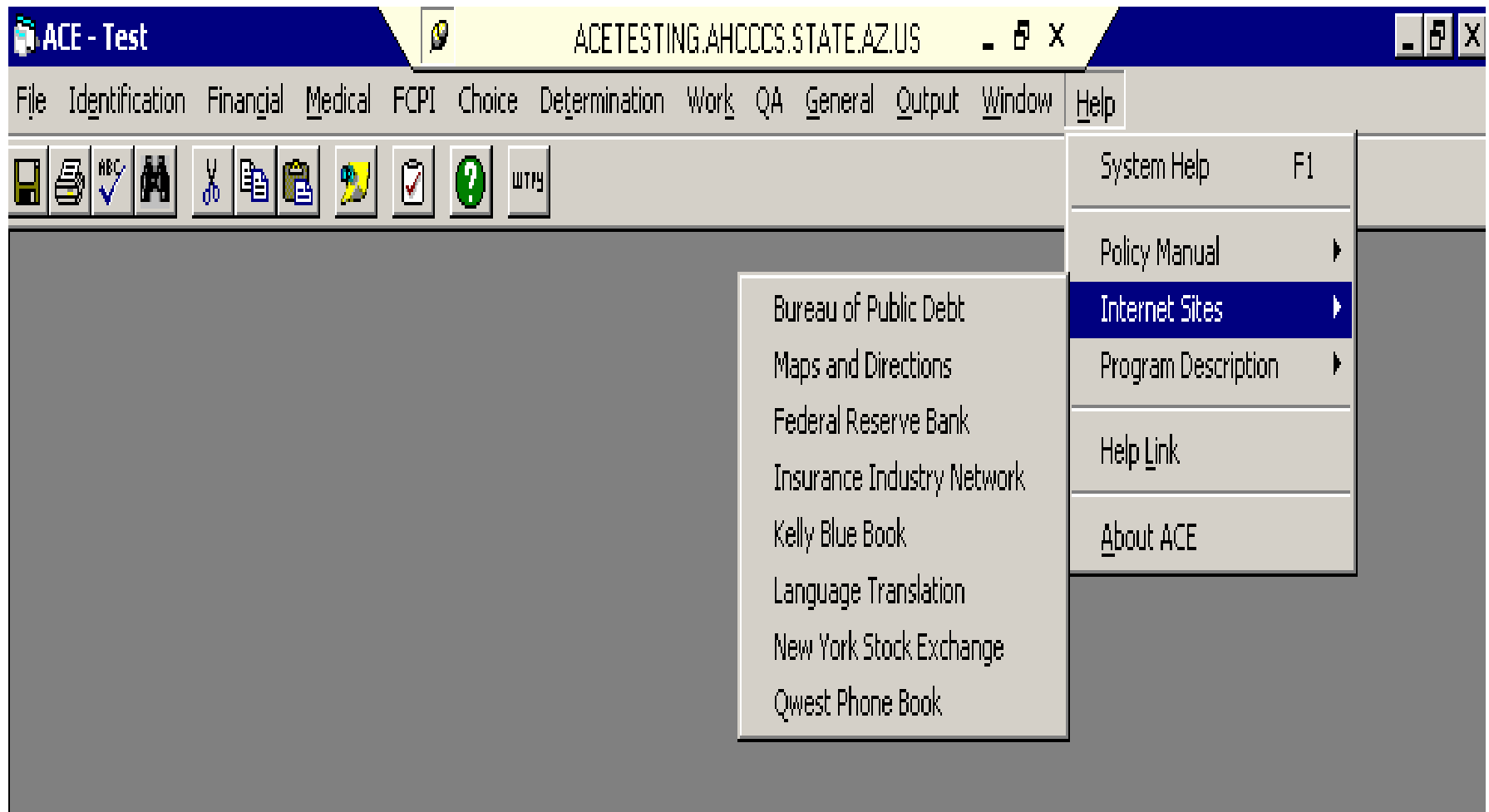


HELP FACILITY

- Allows direct access to the Internet
- Allows access to the Intranet for policy and procedure manuals
- Allows access to any user-defined text such as program descriptions, eligibility standards, etc.



HELP FACILITY





FORMS

- Request for Information
- Commonly needed forms

NOTICES

- Notices are dynamically created according to the actions in the case
- Allows flexibility to add, delete and change the text easily
- Notices standards – specific headers logos, font, and sections
- We test all notices with the public



NOTICES

PLEASE READ THIS ENTIRE NOTICE

This decision is about AHCCCS Health Insurance

KidsCare Denied: Effective 06/19/2006 Suzie Student is denied for KidsCare because:

- You did not give us proof of all your income.

What's Next?

You may be eligible for health care at discounted prices through Health Care Connect if you:

- Live in Maricopa County, and
- Do not have health insurance.

For information or to request an application, please call 602-288-7564, or visit their web site at www.healthcareconnect.org.

Legal Authority for the Decisions in this Notice

KidsCare

Income: U.S.C.: 42 USC 1397j(c)(4)42, C.F.R.: 42 CFR 457.380, A.R.S.: ARS 36-2983(B), RULE: AAC R9-31-302(E)(2), Policy: KidsCare MS 207.1.B & 704.G;

The legal authorities listed on this notice are available through public or law libraries or at AHCCCS eligibility offices. The abbreviations mean: **USC**- United States Code; **PL**- Public Law; **CFR**- Code of Federal Regulations; **ARS**- Arizona Revised Statutes; **AAC**- Arizona Administrative Code; and **MS**- refers to the specific Manual Sections of the Eligibility Policy and Procedural Manuals.

Dade Student

Customer #100069457

08/14/2006

What can you do if you don't understand this notice?

- Call your Eligibility Specialist if you have questions or you think we made an error.

What can you do if you disagree with the action we are taking?

- You or your authorized representative may ask for a hearing. Even if you already have a hearing pending, you may file another hearing request concerning the decision on this notice. At a hearing you may present evidence to an Administrative Law Judge about why AHCCCS should not take this action.
- You may represent yourself at the hearing, or be represented by an attorney or any other person you choose.
- For free legal advice, call 1-800-832-9075 in Phoenix, 1-800-234-7252 in Tucson, 1-800-789-5781 in Flagstaff or the legal services in your area.

How do you ask for a hearing?

- You may ask your Eligibility Specialist to help you complete the request for a hearing.
- Your request for a hearing must be in writing. If you complete the 'I Am Asking For A Hearing' section below, we will have all of the information we need to accept your request.
- If you would rather write your request for a hearing on a different piece of paper, please include all of the following so we will have the information we need to accept your request: your name, Customer Number, Social Security Number, mailing address, phone number, the reason you want a hearing, your signature and date.
- Mail, fax or deliver your request for a hearing to:

AHCCCS Administration
Office of Legal Assistance, MD 6200
701 East Jefferson
Phoenix, Arizona 85004

FAX: (602) 253-9115

Hearing request deadline date(s)

- Mail, fax or deliver your request for hearing so it will be received no later than 09/18/2006. If this day is a Saturday, Sunday or legal holiday, you have until the next business day.

CUT HERE

I am asking for a hearing

Customer's name: Dade Student	Customer #: 100069457
Please print customer's address (Street, City, State, Zip):	Phone number:
Your signature or the signature of your authorized representative:	Check the appropriate box: Customer Authorized Representative

EXPLAIN WHY YOU WANT A HEARING



NOTICES

PLEASE READ THIS ENTIRE NOTICE

This decision is about AHCCCS Health Insurance

KidsCare Approved: Beginning 09/01/2006, the person listed below is **eligible** for KidsCare:

Betty Public

AHCCCS Health Insurance for Parents Approved: Beginning 09/01/2006, the person listed below is **eligible** for AHCCCS Health Insurance for Parents:

John Q Public

This is the Amount You Have to Pay

Premium: Based on your household income, you must pay a premium each month for:

One eligible child	\$10.00	Effective: 09/01/2006
John Q Public	\$15.00	Effective: 09/01/2006

The billing statements are mailed on the 1st of each month. The premium is due on the 15th of the month. If you do not pay the premium, the AHCCCS health insurance will stop. You will receive a billing statement with more information.

Enrollment Fee: You will have to pay an enrollment fee for:

John Q Public	\$15.00
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The enrollment fee will be billed with your first month's premium and will be due on the 15th of the first month of coverage. You will only have to pay the enrollment fee one time.

What's Next?

John Q Public

Customer #100279429

08/15/2006

Health Plan Enrollment:

Health Plan:	Arizona Physicians IPA	Phone #:	602-274-6102
Health Plan:	Arizona Physicians Ipa	Phone #:	

ID Card: Each approved person needs an AHCCCS ID card to show to medical providers. An AHCCCS ID card will come in the mail for each person approved if:

- This is the first approval for AHCCCS health insurance,
- Enrollment changed to a new AHCCCS health plan, or
- The last enrollment was more than 24 months in the past.

If anyone doesn't have an ID card and does not receive a new one within 10 days of the effective date, or you have questions about health plan enrollment, call 602-417-7000 from area codes 602, 480, or 623, or call toll free 1-800-962-6690 from area codes 520 or 928.

Services: If you have questions about choosing a doctor or about getting medical services, call the health plan Customer Service phone number that is on the front of the AHCCCS ID card.

Reapplying Next Year: We will send you a KidsCare renewal application on 07/01/2007. If you do not receive the renewal application by 07/15/2007, call 602-417-5437 from area codes 602, 480 or 623, or call toll free 1-877-764-5437 from area codes 520 or 928.

Quality Compliance Audit: Cases are randomly selected for quality review. If your case is selected, you may be contacted to provide more information. Failure to cooperate with the review process may result in the loss of your AHCCCS Health Insurance.

Legal Authority for the Decisions in this Notice

AHCCCS Health Insurance for Parents

: A.R.S.: 2004 Arizona Laws 2nd Reg. Sess., Chap. 279, Sec. 13, RULE: AAC R9-31-1408 & 1704, Policy: KidsCare MS 807.B;

KidsCare

: U.S.C.: 42 USC 1397cc(e), C.F.R.: 42 CFR 457.510, A.R.S.: ARS 36-2982(E), RULE: AAC



NOTICES

John Q. Public

Customer #100279429

08/15/2006

Calculations

This is how we calculated your eligibility and premium amount for:

KidsCare and AHCCCS Health Insurance for Parents

Income

09/2006

Total

0.00

Eligibility Income Limit for a household of 4: 3,334.00

John Q. Public

Customer #100279429

08/15/2006

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- You may represent yourself at the hearing, or be represented by an attorney or any other person you choose.
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- Your request for a hearing must be in writing. If you complete the "I Am Asking For A Hearing" section below, we will have all of the information we need to accept your request.
- If you would rather write your request for a hearing on a different piece of paper, please include all of the following so we will have the information we need to accept your request: your name, Customer Number, mailing address, phone number, the reason you want a hearing, your signature and date.
- Mail, fax or deliver your request for a hearing to:

AHCCCS Administration
Office of Legal Assistance, MD 8200
701 East Jefferson
Phoenix, Arizona 85004

FAX: (602) 253-9115

Hearing request deadline date(s)

Mail, fax or deliver your request for a hearing so it will be received no later than 09/19/2006 if this day is a Saturday, Sunday or legal holiday, you have until the next business day.

If you disagree with the DENIAL of KidsCare or AHCCCS Health Insurance for Parents, fill out the section "I am asking for a hearing".

If you disagree with the reason benefits are being STOPPED, follow # 1, 2, 3 and 4 below, then fill out the section "I am asking for a hearing".

If you disagree with the INCREASE IN THE AMOUNT OF THE PREMIUM, follow # 1, 3 and 5 below, then fill out the section "I am asking for a hearing".

If you disagree with the APPROVAL, follow # 3 below, then fill out the section "I am asking for a hearing".

1. If you want your benefits to continue or your premium amount to not increase until a hearing decision is made, mail, fax or deliver your request for a hearing so it will be received by: (this does not apply to you)

2. If you have a premium, send a certified check or money order in the amount of the premium for one month with your request for a hearing.

3. You will need to continue paying the premium each month as you are billed.

4. If you are billed for a premium and we do not receive the monthly premium by the end of the month in which it is due, we will stop the AHCCCS health insurance immediately. If you lose your appeal, the premiums will not be refunded. Payment of the advance premium during the appeal process does not cancel any past due premiums you may owe after the appeal is decided. If the hearing decision is not in your favor, you may be required to pay the State for the cost of your medical benefits from the effective date of action on this notice until the hearing decision is made.